

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

U T — 0 0 - 016

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 2000

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.430

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0- -

b. FFY 2002 \$ -0- -

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.19-D Section 430

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Non-Routine Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Rod L. Betit*

13. TYPED NAME:

Rod L. Betit

14. TITLE:

Executive Director  
Department of Health

15. DATE SUBMITTED:

December 11, 2000

16. RETURN TO:

Rod L. Betit, Executive Director  
Department of Health  
Box 143102  
Salt Lake City Utah 84114-3102

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

January 8, 2001

18. DATE APPROVED:

4/05/01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 7, 01

20. SIGNATURE OF REGIONAL OFFICIAL:

*Paul R. Long MD*

21. TYPED NAME:

~~Paul R. Long MD~~ Paul R. Long MD

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: January 5, 2001

ATTACHMENT 4.19-D

9. Medical supplies and non-prescription pharmacy items. Supplies include, but are not limited to: syringes, ostomy supplies, irrigation equipment, dressings, catheters, elastic stockings, test tape, IV set-up, colostomy bags, etc.
10. Medical consultants.
11. Physical therapy, occupational therapy, speech therapy and audiology examinations for ICF/MR patients only.
12. All other services and supplies that are normally provided by long-term care providers except for the non-routine services specified in Section 430.

430 Non-routine Services – These services are considered ancillary for Medicaid payment. The costs of these services should not be included on the FCP, but should be billed directly. Such billings are to be made by the supplier and not the long-term care provider. These services are:

1. Physical therapy, speech therapy, and audiology examinations for nursing facility patients only.
2. Oxygen.
3. Prescription drugs (legend drugs) plus antacids, insulin and total nutrition, parenteral or enteral diet given through gastrostomy, jejunostomy, IV or stomach tube. In addition, antilipemic agents and hepatic agents or high nitrogen agents are billed by pharmacies directly to Medicaid.
4. Prosthetic devices to include (a) artificial legs, arms, and eyes and (b) special braces for the leg, arm, back and neck.
5. Physician services for direct patient care.
6. Laboratory and radiology.
7. Dental services except annual examinations for ICF/MR patients.
8. Emergency ambulance for life threatening or emergency situations.
9. Other professional services for direct patient care, including psychologists, podiatrists, optometrists, and audiologists.

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T.N. No. 00-016  
Supersedes  
T.N. No. 95-12

Approval Date 04/05/01

Effective Date 01/01/01

10. Eye glasses, dentures, and hearing aids.
11. Special equipment approved by Medicaid for individual clients is covered. This equipment is currently limited to air flotation beds and water flotation beds that are self-contained, thermal regulated, and alarm regulated, and mattresses and overlays specific for decubitus care, and customized (Medicaid definition) and motorized wheelchairs.

431 Definition of Prosthetic Devices

Medicaid defines prosthetic devices to include (1) artificial legs, arms, and eyes; (2) special braces for the leg, arm, back, and neck; and (3) internal body organs. Specifically excluded are urinary collection and other retention systems. This definition requires catheters and other devices related to be covered by the per diem payment rate.

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T.N. No. 00-016  
Supersedes  
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Effective Date 01/01/01